## FIRE MEDICAL RESCUE DEPARTMENT

## SPECIAL EVENTS - COST RECOVERY AGREEMENT



For the purpose of this agreement, "COST RECOVERY" is calculated by the internal audit established rate, times the hours of additional personnel deployed, where the actual or potential use of Fire Department emergency scene management, fire suppression, emergency medical services, rescue, hazardous materials, and/or WMD is anticipated.

The Tempe Fire Medi Name of Company/Organiz an Arizona (please che agreement, subject to	ation eck): 🗆 inc	ī lividual, □	sole proprietorship,	☐ partnership, ☐ corpora	tion, □ association	, enter into this	
Person(s) authorized to	o request Fire	Medical Res	cue Dept. personnel:				
Telephone number(office): Cell #			Fax #:				
Job Location:				Contact person at the Event: Cell # for contact person:			
EXPECTED attendan	ce – per day_		& for t	he entire event if the event ru	ıns multiple days:		
Specific duties:  ☐ Use of Fire v	ehicle.						
				ase include a separate sh nent or letter on letterhe			
mandad & indicate datas start &		Day(s):		Start Date:	Start Time:	End Time:	
		M, T, W	, TH, F, SAT, SUN	End Date:			
To be completed by T	empe personn	el. The 1	required number of off	duty personnel will be determ	ined by the Fire Depar	tment.	
Deputy Chief:	Engine:		Medic Cart:	First Aid Tent:	Logistics:	HM Cart:	
Captain:	Bike Team :		Boat Team:	EMS Standby ALS:	MSU:	HM Support:	
Other:	Walking Team:		Cust. Serv.:	EMS Standby BLS:	Fire Inspect:	HM Sweep:	
To be completed by T	empe personn	<u>el.</u> Rep	ort start and end tim	es for the required position	ıs.		
Command:	Tents:		Engine:	Carts: Bikes:			
Boat:	HM:		Rad. Portals:	Cars:	Other:		
Will alcohol be served This as well as forecas		or NO ares can direc	etly influence the deplo	oyments required			
BILLING INFORM	ATION:						
RATE OF PAY:							
				p check-out and return) $+ 0.2$ a invoice for all City services			
Person responsible for	payment:			Phone:			
Billing address:				Fax #:			
			Page	1 of 2			

## **RESTRICTIONS:**

The primary concerns of the Tempe Fire Medical Rescue Department regarding special event deployments are protecting the employee from hazards that may result directly or indirectly by the deployment, conflicts of interest that may arise from the deployment, liability and risk

management concerns, and providing a professional service to the community.

In response to these concerns, the Tempe Fire Department prohibits employees from working special event deployments in the following situations:

- 1. Outside the Tempe City limits;
- 2. Where the employer restricts the employee from performing his/her duty as a Tempe Fire Medical Rescue employee, or where a uniformed Fire Medical Rescue employee is required to perform non-public safety related work;
  - 3. Where the work involves a labor dispute of the outside employer and a former employee;
- 4. At locations where the employer will not hire an adequate number of Fire Medical Rescue employees or establish adequate security measures to safely handle the assignment;
- 5. When the employment involves the Fire Medical Rescue employees in endorsing any commercial product or service while identified as a Tempe Fire Medical Rescue employee.
  - 6. When risks or insurance matters have not been adequately addressed
  - 7. In exchange for free or reduced rent.

E-Mail: michael\_mccomb@tempe.gov

The Tempe Fire Medical Rescue Department reserves the right to cancel or terminate any Special Event Cost Recovery Agreement in an emergency or other situations as determined by the Tempe Fire Chief or designee.

A completed and approved Special Event Cost Recovery Agreement must be on file with the Tempe Fire Medical Rescue Department PRIOR to any special event deployment being performed.

There is a four hour minimum payment, per employee, for all special event cost recovery assignments. If the event or assignment is canceled, the Tempe Fire Medical Rescue Department Special Event Coordinator must be notified at least 24 hours prior to the scheduled start time identified on Page 1 of this agreement to cancel the employees. **Failure to cancel service within 24 hours will result in a 4.0 hour minimum charge.** For emergency assistance call 480-858-7292.

The person responsible for payment herein, and the company or organization receiving the services identified above, shall indemnify, defend, release and hold harmless the City of Tempe, the Tempe Fire Medical Rescue Department, and their officers, agents, employees and officials from and against any and all claims, damages, liabilities, costs and expenses, including attorney fees, arising out of performance of services under this agreement.

here are any questions, please contact the Special Event Co	oordinator; Tempe Fire Medical Rescue Department, 480-858-7292	
This agreement is effective///	, through	
Tempe Fire Medical Rescue Department	Authorized Person <b>OR</b> Person Responsible for Payment	
Date	Company Name	

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